2633

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVIII.] WEDNESDAY, FEBRUARY 7, 1838. [NO. 1.

DR. MARSHALL HALL ON TUBERCLE.

[THE lectures of Dr. Marshall Hall on the Theory and Practice of Medicine, now in course of delivery at the Webb-street Theatre of Anatomy and Medicine, London, and which are reported in full in the Lancet, are exceedingly valuable and interesting. Were they less voluminous, we should copy them, entire, into the Journal. Such parts will be selected, however, from time to time, as the limits of the Journal will permit, not doubting that they will be read with interest by the profession in this country. We commence with Dr. H.'s remarks on tubercles, the value of which is enhanced by the introduction of some interesting documents from M. Louis, of Paris, not before published.]

Gentlemen:—I have thus given you as *useful* and as *practical* a view of inflammation as possible. I now proceed to do the same in regard to tubercles. After inflammation, tubercle is the most important of the subjects comprised in the theory of medicine, or pathology.

Whilst inflammation frequently constitutes processes of reparation or restoration, and effects those purposes in the most marvellous manner, unaided, or directed by the skill of the surgeon, the tendency of tubercle is always destructive; it [illegible] from a morbid condition of the system; and it issues in devastation of the part or parts affected, which, if internal, ultimately prove fatal.

It is true that inflammation frequently induces the effusion or secretion of serum and pus, which, being fluid, have no tendency to become organized; or the softening or ulceration of parts, which are destructive processes; but, frequently, instead of these, coagulable lymph or albumino-fibrine is deposited, and this substance generally tends to become assimilated with the living solids; the process is one of restoration, or of [illegible]ation. Some degree of softening and actual ulceration even [illegible] this manner, be effectually remedial.

[illegible] the case of tubercle, everything tends to destruction, to disorganization; the tubercle itself, solid at the first, softens and liquefies; the organ in which it is situated, and the system at large, are involved in fatal changes.

This distinction between inflammation and tubercle, and other morbid processes of a similar tendency, has been forcibly insisted on by Rokitansky, who has expressed the two modes of action by distinct terms; the first he designates by the term *cuplasy*; it obtains in the formation of cicatrix, &c.; the second he terms *exoplasia*; it leads to deposits

R11
B74

which tend to softening and destruction; such are tubercle, melanosis, encephalosis, scirrhus, &c. The former is usually a topical affection; the latter arise from a morbid diathesis of the system, and invade several organs or systems simultaneously.

Tubercle is hereditary, and, doubtless, frequently congenital. It is heterogeneous from the living solid, and incapable of organization.

It is to the works of Bayle and Laennec, of M. Louis and M. Andral, and Dr. Carswell, that we are chiefly indebted for our knowledge of tubercle.

I. *The Causes of Tubercle.*—The causes of inflammation are principally external, and only occasionally constitutional; the causes of tubercle are almost invariably such as induce a morbid diathesis, a sort of cachexia, through the medium of which tubercle is generated. This diathesis is the result of—1. Hereditary disposition. 2. Cold and damp soil, or air. 3. Insufficient food. 4. Insufficient clothing. 5. Insufficient exercise, air, or light. 6. The depressing passions, 7. Attacks of fever, inflammation, dyspepsia, &c. 8. The use of bloodletting, mercury, &c.

To my account of the immediate *causes* of tubercles, I may add that of the *influence*,—1. Of age. 2. Of sex. 3. Of season, &c.

Innumerable painful facts prove the existence and influence of hereditary disposition to tubercle. The youthful members of a family are frequently affected with tubercles in succession; in one family the disease may affect the lungs, in another it may affect the mesenteric glands, in several individuals in succession. Tubercles have been found in the lungs of the fœtus.

Tuberculous disease is frequent in cold and damp situations. It is far less so on high mountains, as the Alps, and on sea-coasts. The late Dr. Wells has, however, adduced many interesting facts, which tend to prove that tuberculous disease is [redacted] known in localities in which intermittent fever prevails. He attempts to explain this fact on the principle "that the existence of one disease in the human body, or even a tendency to one disease, often renders it less susceptible of another." Neither the northern parts of Europe and America, nor the temperate climates of France, Spain, Italy, and Greece, enjoy any immunity from this terrible disease. The inhabitants of the country are less subject to tubercles than those of towns, and especially than those of crowded cities.

It is a prevailing opinion that deficient food and clothing predispose to tuberculous disease. Dr. Withering stated, in a letter to Dr. Beddoes, published in 1793, that butchers are exempt from consumption. It is also generally admitted that the want of exercise and the privation of wholesome air, and of light, have the same baneful influence in disposing to this disease.

That the depressing passions have a similar influence, even when no predisposition to tubercular affection existed, I have recently, alas, had painful evidence, in the case of a near relative. Laennec observes, "Parmi les causes occasionelles de la phthisie pulmonaire, je n'ai pas

Welch Medical Library

connu de plus certaines que les passions tristes, surtout quand elles sont profondes et de longue durée."

Attacks of fever, of inflammation, of acute dyspepsia, have led to the development of tubercles; the excessive loss of blood, and the influence of mercury, have a similar baneful tendency.

In general, whatever impairs the strength and the tone of the system, favors the formation of tubercle; whilst whatever invigorates and nourishes, operates as a preventive of this direful malady.

Such are the principal circumstances which promote, or obviate, the tendency to tubercle. There are two other conditions of the system which co-operate with this tendency.

The first of these is the youthful age of the patient. Tubercle has, indeed, been observed in the fœtus, in children less than a year old, and in octogenarians; but it occurs most frequently between the ages of fifteen and fifty. The following table, taken from Bayle, displays the mortality from *pulmonary* tubercle, in the different ages:

Ages.					Deaths.
From	15	to	20	years	10
"	20	"	30	"	23
"	30	"	40	"	23
"	40	"	50	"	21
"	50	"	60	"	15
"	60	"	70	"	8
					100

This agrees very nearly with the subsequent observations of M. Louis as set forth in the following table:

Ages.					Deaths.
From	15	to	20	years	11
"	20	"	30	"	39
"	30	"	40	"	33
"	40	"	50	"	23
"	50	"	60	"	12
"	60	"	70	"	5
					123

Laennec simply remarks, in opposition to the statement of Bayle, that the female sex is more subject to pulmonary tubercle than the male. M. Louis observes that, of the 123 patients of whom the several ages are given in the preceding table, 70 were women and 58 men, and of 43 patients who died of other chronic diseases, tubercles were found in the lungs of 25 women and 15 men; the sums of these two series being 95 and 73.

Season would appear to have little influence on the development and progress of tubercle, if we may judge from the subjoined table of the deaths in 244 cases of phthisis, taken from Bayle; of these—

54	occurred in	Spring
68	"	Summer
64	"	Autumn
58	"	Winter

Having made these remarks on the *causes* of tubercles, drawn from my own observation and reading, I shall now introduce the first part and specimen of an invaluable manuscript, confided to me for this purpose, by my friend, M. Louis, and containing the result of his labors *before* and *since* the publication of his incomparable work upon phthisis :—

" *Causes.*—The analyses to which I have devoted myself have less enabled me to discover the causes of phthisis than to appreciate certain opinions of authors upon this subject. In studying two orders of facts, the first relating to cases of phthisis, the second to cases of other diseases, in a certain number of which there were tubercles in the lungs, I have found that phthisis is less frequent in men than in women, in the proportion of 55 to 72, a difference of some importance, and confirmed by researches made since the publication of my work on phthisis.

" Since this publication, too, M. Benoiston, de Chateau Neuf, has analysed a still more considerable mass of facts, taken from the registers of the hospitals of Paris, and has arrived at a similar result, the proportion being, after the age of 15, as 3 to 5.

" A similar remark applies to infancy before the age of 15. M. Papavoin has found that in 532 children of the female sex, and between 2 and 15 years of age, who died at the Hopital des Enfans, 338, or about two thirds, had tubercles ; whilst in 387 boys, only 210, or 7-13ths, a little more than one half, were so affected.

" On the other hand, severe pneumonia and catarrh are more frequent in men than in women, nearly in the proportion of 2 to 1, a fact which contradicts the general opinion that inflammations of the lung are the most frequent cause of phthisis.

" In addition to this I may observe, that in 11 cases of dilatation of the bronchia, of from 2 to 6 years' duration, in subjects who had not experienced symptoms of phthisis, I found in 8 the mucous membrane of the bronchia of triple or quadruple its natural thickness, of an intense redness, and as if granulated ; in a word, manifestly inflamed ; and yet in the whole 11 cases, 3 only were complicated with tubercles, a proportion similar to that observed in other cases of fatal disease, not phthisical.

" Emphysema of the lungs is generally accompanied by cough and chronic pulmonary catarrh, which may continue 10, 20, or 30 years, or more, without producing the symptoms of tubercles.

" Of 44 subjects who died of disease of the heart, whose cases I took at La Charité, 19 had hypertrophy of the right auricle, with or without dilatation, and 29 had a similar affection of the corresponding ventricle ; 6 of the 29 had the pulmonary artery dilated and hypertrophied even to its minutest divisions, a result of the augmented force with which the blood had been propelled along it. Yet of the whole 44 cases, 2 only were affected with tubercles, and these but in small number ; whereas, in 50 cases of cancer of different organs, in patients of the same age, taken at the same time, 11 presented tubercles.

" Lastly, when we only find tubercles or grey semi-transparent granulations in the lung, the bronchia offer no traces of inflammation. They are only inflamed, with redness and thickening, in cases of excavation,

and then only those branches which are in communication with those excavations. Hence we must conclude, that inflammation is an *effect*, and that, doubtless, of the continual contact of the sputa or contents of the cavities with the bronchial mucous membrane, and not the *cause* of the tubercles.

"On the other hand, of 46 subjects carried off by typhoid fever, 4 presented some tubercles or semi-transparent grey granulations at the summit of the lungs; and these subjects had died from the 25th to the 46th day of the disease, whereas none of those who died before the former period, presented any tuberculous affection. We must thus conclude, that the protracted duration of the disease had contributed to the formation of the tubercles.

"The influence of climate is not so incontestibly proved as is generally supposed, for this proof can only result from calculations, and the materials for these calculations probably exist only at Paris, where the subjects are opened in all the establishments.

"Almost all the monkeys which die at Paris die of tubercles, and it has been concluded that they die from the influence of cold. But before coming to such a conclusion, it would be necessary to ascertain, first, the proportion of tubercles in the monkey tribe in hot climates, and in the second place the influence of a change in habits, nutriment, &c. Almost all the cows kept in stables in Paris are said to die of tubercles; here we cannot suspect the influence of cold.

"A fact already mentioned, viz., the greater prevalence of phthisis amongst women than men, should lead to the same result, for the former are far less exposed to the alterations of heat and cold than the latter.

"Tight stays and other clothing have been considered a cause of phthisis; and this idea has seemed to be supported by the fact just mentioned of its greater frequency among women than among men. But this cause can scarcely be supposed to operate amongst the patients of La Charité, from whose cases I have deduced my conclusions; and we must not forget that phthisis prevails more in the female sex in infancy.

"On the other hand, these latter facts seem to support the ancient idea of the lymphatic temperament being a predisposing cause of tubercles."

II. *The appearances and changes of Tubercles; the Granulations of Bayle.*—Tubercle, in its simplest and least dangerous form, consists of opaque bodies of a yellowish-white color, of the consistency of very viscid pus, or of cheese, the particles of which have little cohesion—varying in size from that of a millet seed to that of a pea or of a nut—sometimes isolated and globular or oval, sometimes agglomerated into masses of various size and form, sometimes infiltrated into the tissue of the organ in which it is situated, and sometimes surrounded by a distinct cyst.

Tubercle occurs, then, under the following forms principally: 1. The isolated. 2. The agglomerated. 3. The infiltrated. 4. The encysted.

Tubercle appears to be a formation or secretion totally distinct or heterogeneous from any natural or morbid structure; it is inorganizable,

and incapable, of course, of being injected; it is as a foreign body in the midst of the living solid, and there is a constant disposition, in that solid, to effect its solution and discharge from the body.

Bayle has described an appearance in the lungs which he has designated by the term *granulations;* he observes: "The lungs are studded ('farcis,' whence the term used by veterinarians) with miliary, shining, transparent granulations, sometimes marked with brilliant, black points or lines. These granulations appear of the nature and consistence of cartilage; their size varies from that of a millet seed to that of a grain of wheat; they are never opaque, and do not soften. By these characters they are distinguished from miliary tubercles, which have the same magnitude, but are always grey or white, and opaque, and which eventually soften completely.

Laennec is of opinion that these granulations are the first stage of tubercle. M. Louis is of the same opinion. M. Andral, on the contrary, contends that they are merely inflamed portions of the pulmonary lobules. We shall advert to this subject hereafter.

Tubercle appears to be a morbid *secretion.* Its size augments by the addition of fresh particles of the same kind. It at the first infiltrates the texture in which it is found; afterwards it becomes isolated from that texture, except in the case of diffused infiltration. It then becomes infiltrated itself, *softened,* and transformed into a puriform fluid. It acts as a thorn or other foreign body, inducing the secretion of pus in the textures by which it is contained. Eventually, like such other foreign body, it is, if possible, removed from the economy. It then leaves a cavity, an *ulcer,* which, in rare instances, contracts and cicatrizes.

Ordinary tubercles contain about ninety-eight parts of animal, and two parts of saline, matter, viz., the muriate of soda, and the phosphate and carbonate of lime. In some cases they undergo a *calculous* transformation, and they then consist of three parts of animal, and ninety-seven parts of saline, matter. This calculous transformation is observed in the lungs, in the mesenteric glands, &c. It is opposed to softening.

Tubercles are principally developed in the cellular membrane of organs. They may be sub-mucous, sub-serous, intra-muscular; they may occur in the substance of the cerebrum and cerebellum, the liver, the spleen, the kidney, the testis, the absorbent glands, the bones, &c. Tubercle has been seen on the surface of mucous membrane, free from ulceration; in the mucous follicles; and in the lymphatic vessels; in these, and some other cases, it is obvious that other textures beside the cellular membrane, had poured out tuberculous matter.

[To be continued.]

ON EMPIRICISM, AND A CASE OF HYDROTHORAX, WITH OSSIFICATION OF THE AORTA.

[Communicated for the Boston Medical and Surgical Journal.]

THAT in this enlightened age, and in this our well-educated part of the world, we should find whole families *infidels* as to regular-bred physi-

cians, and firm believers in empiricism and empirical poisons, is one of those anomalies least to be looked for, but yet to be found. There is still in the world the *great* vulgar, who ought long ago to have soared above the *little* vulgar, who, strangely reckless of their own health, have ever pestered the medical profession. But we find the former still treading the same murky and marshy path, without mounting the road of life, that is well paved, well lighted, and void of the poisonous exhalations of the shores of the dead sea. The notion that no systematic course of medicine is to be pursued, but that a single prescription, of pill or powder, is to remove all the *ills that flesh is heir to*, and that at once, is one of the absurdities which at present prevails. As well might the farmer adopt a like hasty notion, and dig up his seed at the end of the day, or the week, because it had not produced a crop. They remind us of the child who cries for its apple to be roasted and cooled before it has been long enough at the fire to be warmed.

There is certainly a deficiency or falsity of education among us, which calls for a philosophic, systematic, and energetic amendment. The managers of the public press, who very properly exclude an advertisement of the intoxicating potation, and of the infidel publication, admit whole columns recommending nostrums, catholicons, panaceas, and all kinds of quack medicines; the general reading of which tends to derange the public mind and lead it astray from science, biasing it to place a reliance, when sickness shall weaken the reasoning powers, upon inert or pernicious drugs and compounds—and having, likewise, the immoral tendency of teaching the reader that miraculous powers reside in the manufacturing doctor or his vaunted specific, when it is in fact pernicious or inert. There is such an intimate connection between the mind and body, that if the one is unsound the other is not healthy.

We view infidelity in the regular-bred and scientific physician, as pernicious to health, as is the lack of faith to morals. The foundation of a belief in nostrums is fallacious and immoral, as conflicting with the great order of events, and the whole plan of creation. It is an evil wide spread, overwhelming and monstrous, for which the community is more culpable than the quacks. It assumes the principle that health can be retained without care, sickness removed without science, and remedies prove efficient without any kind of adaptation to the case.

We were led into this train of reflections by the death of a valuable citizen, Mr. H., who with his family were everything in society that he and they ought to have been, except a reliance upon quack doctors and their trash, in cases of sickness. Mr. H., for more than two years, had been subject to falling suddenly down, in apparent syncope, or asphyxia; during which time he had no regular medical attendant, nor no systematic mode of treatment. Some remedies were used, but were soon changed for others, as fancy dictated, or as his family or friends advised, so that when he became my patient I could obtain but little knowledge of his previous medication. Nor was I able to carry my plan of treatment into regular system; for a newspaper nostrum, or a friendly prescription, from one who was not a physician, was pretty sure to have a trial. Nor could my remonstrances overcome the versa-

tility of my patient, and especially of his wife, who was an unbeliever in all regular-bred physicians, with a strange prejudice against some of their most innocent medicines.

Although the diagnosis in this case was not very clear, I was satisfied that Mr. H. had water in his chest. And yet he had no difficulty of breathing, except in those fits of syncope already noticed, which were not frequent, but at very distant intervals. These paroxysms, by the best information I could obtain, bore a strong resemblance to *sternalgia*, the *angina pectoris* of Heberden. At other times his appearance did not indicate any kind of ill health. His pulse was natural, except that in one wrist it was uniformly smaller than in the other; from which I inferred a fatal termination, having never known a case of final recovery in any disease, or even accident, when this state of pulse permanently existed. It denotes an organic affection of the heart or lungs, or both. At least such seems to me to be the pathology. One of the prescriptions for Mr. H. was as follows. R. Baccæ junip., polygala seneka, ää ℥iii.; scilla mar., ʒiij.; boil in four quarts of water to two quarts; strain and add sp. nit. dul., ʒiv. Dose, a wine glass full three times a day. But spirits of nitre happening to have been mentioned in the patient's hearing, he refused to take it if combined with that article. This was on account of the prejudice of his wife against *sal nitre*. This she alleged he had taken some ten or twelve years before, and that it had so cooled him that he had never got over it! It is thus that we sometimes find persons of good sense so prejudiced against a harmless remedy as to refuse it, even when they know that their lives are in danger from their disease. A substitute was made for nitric ether, but the amount of the dose prescribed was never complied with.

Is it not one of the traits of character of liberty and independence, for patients not to be bound by the directions of their medical advisers? We sometimes hear of our land being *a land* of liberty, from those who are strictly enjoined to follow our prescriptions. And hence they take the liberty not to comply. Mr. H. was a wealthy farmer, and from choice pursued his vocation with assiduity; and like Cincinnatus, withheld not his own hand. Although it was at an advanced period of his disease that he put himself under the care of the writer, yet he was not restrained by his advice from twice a day milking five of his thirty cows with his own hands, as he had done formerly. He also went to mill himself in the cold of autumn and beginning of winter, to have provender prepared for his fattening beeves, a distance of three miles. He came to me for his medicine and advice, and I was never called on to make him a single visit, except on the day of his death. The day before this event (December 17th) was a cold day, yet he came to my house alone, a distance of a mile and a half, in his carriage, and drove a spirited horse. He conversed, at this his last visit, with spirit and cheerfulness, with no external appearance of deviation from health. His lower extremities had slightly bloated previous to this, but the œdema had entirely disappeared. Still there remained a smaller pulse in the right wrist than in the left, as though the artery had a diminished calibre. Had it not been for this, I should have had hopes of his recovery. I

may here remark that, after he put himself under my care, he never had any of his fits of falling down in asphyxia. This I attributed, whether correctly or not, to a preparation of Peruvian balsam, ether vitriol, and oil of the root of sassafras; a preparation which, with us, has had an admirable effect in palpitation of the heart and other affections of that organ.

December 18. I was called in haste, and found Mr. H. in *articulo mortis*. It was in the afternoon of that day. This was somewhat unexpected, as in my own experience I had found, in cases of hydrothorax, that the lower extremities became œdematous before the closing catastrophe. But this case was an exception. I was informed by Mrs. H., that at four o'clock that morning he arose to the urinal, at which instant he complained of his head; that he lay down with a short and rattling respiration, and soon began to cough, sweat and expectorate; neither of which symptoms had he ever before experienced. And the reader may well conceive that had I not known the family peculiarities, I should have felt surprise at the omission of calling in medical aid until the afternoon, for these symptoms had continued unabated until my arrival, with slight occasional interruptions of mentality also.

The sweating was astonishingly profuse. It had not only entirely wet the patient's dress, but the bed clothes, for nearly half a yard on each side of him, were drenched. He had vomited several times, an occurrence which had never before taken place during his illness. All these new features of the disease passed with the wife for one of the former fainting fits of Mr. H., although entirely different. Nor was I credited by her when I announced his dissolution at hand. At four o'clock Mr. H. wished to be raised up in bed, as he said, to bend forward. He was raised, and bent himself forward, when his head fell on his breast, and he was laid down and immediately expired.

Permission to examine the body was requested, and obtained without any very great difficulty. A son-in-law (Judge W.) was present, a man of liberal sentiments, to whose aid I was much indebted in obtaining the family consent to examine the body. A regard to science seems, in this respect, to be increasing in the world. Two, at least, of the kings of England, George II. and George IV., were examined after death. We know not whether the practice has been general, and extended to others of the royal family, or not. We have seen the report of Dr. Frank Nichols, physician to George II., of the *post-mortem* appearances which the body of that monarch exhibited. It was a singular case. His heart had burst! and there was a hole quite through it, continuous with one of the ventricles.

Post-mortem inspection of Mr. H., aged 69.—To the eye, the external contour of the body exhibited no signs of previous disease, there being neither emaciation, discoloration, nor intumescence. The examination was begun about two and a half hours after death. In presence of two of my brethren of the faculty, I made an incision down the middle of the sternum, and then dissected back all the integuments on each side, to where the ribs join that bone. The junction of the ribs with the sternum was then separated with the knife, and that bone turned up-

wards, so as to expose the thoracic viscera. A slight lesion of an intercostal muscle on the right side of the breast-bone, brought water to light, which began to flow, and of which that cavity was found completely full. The dissection was here suspended for the purpose of dipping the water out into vessels, that it might be measured. Seven pints and three fourths of a pint were accurately measured, the right and left cavities included. But of this quantity six pints were contained in the right cavity. The quantity lost, or not included, was judged to be upwards of a pint and a half, so that the whole contents of transparent liquid in the thorax was a little more than *nine pints*. Upon resuming the dissection, the root of the aorta was found ossified, and the semilunar valves obliterated. They probably helped to form the bony mass, but there were no traces of their shape. The ossification was a bony ring, where the aorta sprang from the heart. But the orifice through this ring was as large as that of a common aorta in adults; though not near as large as was the aorta in this subject, above the ossified ring, where this vessel was, by actual measurement, considerably ever an inch in diameter, and consequently upwards of three inches in circumference. It was very thin, but there was no appearance of aneurism; nor had it any muscular appearance. There was no unusual quantity of liquid in the pericardium. The heart, which was taken out for examination, was unusually large and heavy. Its appearance was healthy, except its over size.

The right lung, on the contrary, was much diminished in magnitude, and in about two and a half inches of its lower part the air cells were obliterated. The lower extreme of the left lobe partook of the same appearance, but it did not extend so high up. I could not exactly pronounce this morbid change hepatization. It did not so much resemble liver, as flesh, or muscle. It was rather an *incarnation* than *hepatization*. The margin, however, of the lower part of the left lobe, showed marks of incipient hepatization.

The evening of the inspection was cold, and without any exposure to heat, the liquid which was taken from the thorax coagulated spontaneously, so as to become as thick as the mother of vinegar, and might be removed in the hand. It must, therefore, have principally consisted of coagulable lymph. There was no encysted or hydatid phenomena anywhere discovered, but there were extensive adhesions of the pleura to the right lobe of the lungs. On feeling the lungs, one of the medical gentlemen present discovered a small bony formation in the right lobe. The fine florid color of the muscles and viscera showed no deficiency of oxygenation.

Remarks.—Considering the large quantity of liquid found in the thorax, and the diseased aorta and lungs, the apparent health and freedom of respiration, even to the night before our patient's death, may seem not a little surprising. The day before his death he was about his ordinary business, and, as I have said, came to my house. On the evening of that day he read, aloud, the whole of one of Baxter's sermons, after which, he perused the newspaper of the day. His appe-

tite was unimpaired, and his spirits fine, although he was fully aware of his danger.

It is a question not very easy to solve, why the paroxysms of asphyxia should not have increased with the increase of disease in the thorax. This was not the case; nothing of the kind had occurred for more than two months preceding his death. These ill turns, of which I do not think he had more than four or five in the whole, and they were short, constituted the amount of his bodily suffering.* We incline, on the whole, to refer this asphyxia to the state of the heart, whilst it was *enlarging*, and the valves while ossifying. Habit, which does such wonders, accommodated the system to the enlarged viscus; and the irregular action of the systole became more regular, but never was quite restored, as the pulse was always smaller in the right than in the left radial artery. If this does not satisfy the reader, he must form a better theory himself, by referring to the aorta, to the water in the chest, to the state of the lungs, or to all these phenomena.

I suspect that it will hardly be possible for any experienced medical man to read this account, and not be impressed with the belief that the life of Mr. H. might have been prolonged by proper remedies, properly adhered to. A paracentesis of the right side might have evacuated five or six pints of water. But he would not even submit to a blister, a remedy which I proposed to him, at my house, the day before his death. The fact was, he had but little faith in remedies which doctors did not think enough of, themselves, to recommend in a newspaper, and to pay the printer for advertising! Although I could not prevail on him to use, with regularity, the remedies which I thought most important, yet there was one which he used of his own accord, even more freely than I directed. This was the cardiac antispasmodic mixture, of which the balsam of Peru was the basis, before mentioned.

In his habits, Mr. H. was temperate to abstemiousness. Previous to his commencing my prescriptions, which was about two months before his death, he had some turns of difficult breathing, which attacked him when in bed. But these were never so severe as to cause him to rise, except in one instance. Latterly, nothing of the kind had occurred. In fact, there was nothing indicative of immediate alarm, except the flagging of the pulse before mentioned. Mr. H. was aware of my apprehensions, and it became, sometime before his death, painful and dreadful to him for me to examine the pulse in the right wrist, or to compare his pulses by feeling both wrists at once, which was my usual mode.

The crisis of his disease was death. Still it may not be unimportant to observe, that nature made an attempt of a salutary kind. This I infer from the profuse sweat, which was an attempt to rid the system of the flood of waters in the thorax. But in this sudoresis nature failed. The *vis medicatrix* was overpowered. But we may be taught the propriety of using sudorifics in hydrothorax.

Lebanon, Ct., January, 1837. JOSEPH COMSTOCK, M.D.

* He had some of those neuralgic pains about the shoulder and deltoid muscle which accompany *angina pectoris*; but they were not severe, and passed, with himself and family, for rheumatism.

PUERPERAL SORE MOUTH.

[Communicated for the Boston Medical and Surgical Journal.]

On page 83 of the October No. of your excellent Journal, I. B. asks your correspondents to give something on the pathology and best mode of treatment of puerperal sore mouth. I have long been desirous to make the same request. It is a distressing form of disease, which I have often seen, and I have noticed it to occur more frequently to women of delicate fibre, with their first child (at a most interesting period of life), than to others. My opinions are unsatisfactory to myself, but it seems to me that the disease is owing, in a good degree, to the derangement of the stomach caused by breeding, and the great drain made upon the system by nursing to excess. I have known some cases of inveterate and protracted dyspepsia apparently produced by flooding in childbirth, the system thereby having sustained too great a shock to bear with impunity. The long-continued and intense irritation of undigested aliments and acrid and acid secretions on the mucous lining of the stomach and intestines, ends in inflammation, ulceration, and the other symptoms. I know of no well-established treatment. I have known some cases to recover under the occasional use of a blue pill, Dover's powder, light tonics and palliative means. I have known some to recover under a course of frequently repeated emetics of ipecacuanha (a practice recommended by a physician in Lower Virginia), acting probably by revulsion and determination to the surface. Some have improved and recovered, whose cure could not well be attributed to any one remedy—time and regimen, probably, having the best claim. But it is a disease attended with danger, and requires investigation, and I hope to see further remarks on the subject. I repeat the query, "What are the causes and nature of that disorder incident to puerperal women, characterized by inflammation and ulceration of the mucous membrane of the mouth and fauces, anorexia, emaciation and diarrhœa—also chronic aphthæ of adults, and the best mode of treatment?"

W. A. G.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 7, 1838.

EIGHTEENTH VOLUME OF THIS JOURNAL.

With this number commences the *eighteenth volume* of the Boston Medical and Surgical Journal. To a widely extended circle of readers we beg to express our unfeigned gratitude for the sustaining encouragement which has been steadily manifested through a succession of years. A firm devotion to the progress of medical science, and the dissemination of knowledge acquired through the experience and researches of practitioners of the healing art, with reference to its subserviency to the best interests of humanity, will characterize the future, as it has the past efforts of the only Journal of Medicine in the New England States.

LECTURES ON MIDWIFERY.*

The author of a certain treatise on midwifery, recently published in Columbus, Ohio, styles himself "*Principal of the Botanico-medical School of Columbus; Professor of the Theory and Practice of Medicine; Lecturer on Anatomy and Physiology, Botany and Chemistry, and Editor of the Thomsonian Recorder.*" He is a very Caleb Quotem, who, like his prototype in the farce of the Review, no doubt, writes epitaphs and sets them to music. Surely he must feel himself in the midst of a large business. Notwithstanding his utter incompetency to instruct in any one of the numerous departments to which he makes such bold and unblushing pretensions, he assumes the high tone of a man in authority, as though he intended the absolute overthrow, nay, the extermination of the medical profession, which we verily believe would be accomplished, could the whole race of practitioners, so obnoxious to this brazen manikin, be put upon a course of Thomsonian medicine, prescribed by himself.

It is a hopeless undertaking to set the globe in a retrograde motion; and the mighty efforts making by this lowest order of pretenders, to change the condition of society by trampling science under foot and bringing down the noble advances in human knowledge, the labor of many ages, to the low level of their vulgar standard, is a task that will defy their combined energies.

With a perseverance that, in a good cause, if properly directed, would ultimately raise him to usefulness and honor, the author of this barbarous production will discover, by and by, that he has labored to no purpose whatever. He covets the commendation of asses, who will bray *ecce homo* at his bidding; but those whose character and influence would be worth having, are entirely beyond the sound of his voice. He never can blot out the bright light of science: it will continue to shine, with increasing splendor and brilliancy. If this potent editor and professor, this giant in Lilliput, possesses that modicum of common sense for which some give him credit, he must loathe the cause he advocates. It is degrading as a profession, and carries with it a blight to the brain.

To give cayenne pepper, lobelia, and steam baths for every ill, is so ridiculous that we will not spend time in talking about it. A case of midwifery, puerperal fever, a fractured limb, a diseased liver, smallpox or ovarian dropsy, are all treated alike:—only pour in the cayenne, the lobelia, and steam the poor fool of a patient to the confines of the grave, and we have an illustration of the whole pith and marrow of the Thomsonian practice.

When the sheets of this volume arrived, there was a written request on the margin that the work might be noticed. We have complied with the author's desire.

Medical Works.—Adlard and Saunders, of New York, have in press Dr. A. H. Stevens's Two Lectures on Lithotomy, and one on Diseases of the Joints, with plates illustrative of a new mode of operation with the author's prostatic bisector, forming the continuation of the lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, November 11, 1837.

The same publishers also announce, as in preparation, *A Treatise on*

* Lectures on Midwifery and the Forms of Disease peculiar to Women and Children, &c. &c. &c. By A. Curtis, Principal of the Botanico-Medical School at Columbus, Ohio, and Professor, &c. &c. &c. Printed for the author. 12mo., p. 384, with illustrations on wood.

Midwifery, practically considered, by Gunning S. Bedford, M.D., lecturer on Midwifery and the Diseases of Women and Children, in New York.

The above treatise will consist of about 400 pages 8vo., and will be accompanied by plates illustrative of the important features of obstetric science.

New Method of removing Particles of Iron from the Cornea.—The Revue Medicale for August contains a short extract from Hufeland's Journal, recommending the use of dilute muriatic acid as a wash for this purpose, by M. Krimer. Although we would not recommend the surgeon to trust to this means for the removal of the particles of iron so frequently driven into the cornea of workmen in our manufactories, forges and workshops, much advantage may be derived from washing away the rust which sometimes remains in the wounds with the proposed acid. Dr. Jacob, in the Dublin Hospital Reports, mentions the occurrence of permanent stain of the cornea from this accident, in consequence of the particle of iron being permitted to remain in the wound until ulceration was produced, and the rust became entangled in the texture of the part. In such a case, after lifting the speck of iron from the wound with the point of a fine needle, if any discoloration remains, the part may be washed with a camel's hair pencil dipped in a mixture of ten drops of the acid to an ounce of water. The proceeding enjoined by Beer, of scraping off the stained part with a cataract needle, is not only unnecessary, but is often very injurious, by adding to the irritation already existing. Through an erroneous impression that the stain is a part of the iron remaining behind, attempts are sometimes made for its removal by instruments, and the result, as might be expected, is the increase of the original injury of the eye.

Adulterating Drugs.—In a late number of the "Journal of Pharmacy" (Phil.), there are some valuable remarks on the sophistication of various important articles used in medicine. The writer attributes this system of adulteration "to the desire of our Druggists throughout the country to have *cheap* chemicals, *that they might undersell each other.*" The following are some of the examples cited. Equal parts of alum and tartaric acid have been ground together, and sold as *powdered tartaric acid.* Rhubarb, American columbo and gamboge have been pounded together, and sold for pulverized Turkey rhubarb! A fellow in Philadelphia sold for powdered ipecacuanha, a mixture of pulverized ipecac and sarsaparilla! All the valuable essential oils afford easy and too tempting opportunities to a base spirit of cupidity, not to have been adulterated to a very great extent. One sample of oil of peppermint was found, on experiment, to contain one third of castor oil. Another, one fifth of alcohol. Specimens of the same oil, also oil pennyroyal, lavender, &c., have been found mixed with spirits of turpentine! Castor oil is often adulterated with purified whale oil! Mr. Rushton, an excellent chemist of New York, purchased at an establishment in Philadelphia, an article purporting to be *acetate of morphia*, but which, on examination, did not contain either *acetic acid* or *morphia!*—but merely plaster of Paris acidulated with oil of vitrol!

Removal of Ovarian Tumor.—Mr. West, an English surgeon, describes a successful operation for the removal of an ovarian tumor. The patient, the mother of three children, dated the commencement of the complaint thirteen years back. During the last year it had increased so as to impede respiration and to produce other distressing symptoms. The operation was commenced by pinching up the common integuments a little below the umbilicus, and dividing them with the bistoury. The fascia was then dissected, and the peritoneum exposed, into the lower part of which a small opening was made to allow of the introduction of a director. The part was then laid open, and the tumor exposed. It was secured from retraction by a ligature passed into a small part of the cyst. On introducing the trocar, about twenty pints of fluid were withdrawn. By gentle traction, the whole sac was brought away. A ligature of stay silk was passed round the connecting membrane and fallopian tube, the cyst cut off with the scalpel, and the part replaced in the cavity of the abdomen. The edges of the external wound were brought together by four ligatures and strips of adhesive plaster. Not more than a spoonful of blood was lost, and the patient soon recovered.

Medical Miscellany.—Mortality in Boston in 1837, 1843. The population, by the last census, 80,325.—A celebrated compounder of medicine, in the vicinity of Boston, whose success has extended to the uniform cure of *all* diseases, has recently suffered amputation of the leg at the Massachusetts General Hospital.—Total mortality of the city of Lowell, in 1837, 329.—A certain Dr. Sweet, a Thomsonian of New York, is accused of causing the death of Albert S. Sherwood, by administering lobelia and all the mystic numbers up to six—the *abracadabra* of the fraternity of medical pretenders.—M. Brouard, a physician, has been rarested in France for his connection with the proposed infernal machine for killing the king.—Neither plague or cholera existed, at the last accounts, in any part of Egypt, which was considered an unusual occurrence.—Amongst other liberal appropriations by the Common Council of New York, for the ensuing year, $14,000 was voted for the board of health.—Dr. Winslow's lecture before the Nantucket Athenæum, on the circulation of the blood, seems to have been well received.—A fatal case of smallpox has occurred at Warwick, R. I.—Dr. Chapman has been elected President of the Philadelphia Medical Society, vice Dr. Physick, deceased; Drs. Jackson and Harris, Vice Presidents.—The second and third numbers of the Medical Examiner equal the promise in the prospectus. It is published once a fortnight.—The last number of the American Medical Library is very rich in matter. Dr. McPhail still continues the papers on Medical Topography, which have reached No. 9.—The last No. of the Southern Medical and Surgical Journal has its outside in mourning, in consequence of the death of the late distinguished Dr. Physick, of Philadelphia.

Erratum.—In the last No. of the Journal, page 413, line 10, after the words "derived from," add, *the blood of.*

To Correspondents.—Dr. Williams's case of Extra-Uterine Conception will be published next week.

Died,—At Paris, Jones Wistar, M.D. and Franklin Hulme, M.D., both of Philadelphia.

Whole number of deaths in Boston, for the week ending Feb. 3, 29. Males, 15—Females, 14.
Dropsy on the brain, 1—infantile, 3—scarlet fever, 3—croup, 1—measles, 2—cholera infantum, 1—hooping cough, 1—disease of the brain, 1—inflammation of the bowels, 1—burn, 1—inflammation of the brain, 1—old age, 1—fracture of the skull, 1—hives, 1—typhus fever, 1—decay of nature, 1—inflammation of the lungs, 2—teething, 1—convulsions, 2—accidental, 1—apoplexy, 1—stillborn, 3.

VERMONT MEDICAL COLLEGE.

The annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by - -	H. H. Childs, M.D.
Pathological Anatomy, by - - - - - - - - -	Elisha Bartlett, M.D.
General and Special Anatomy and Physiology, by - - -	Robert Watts, Jr., M.D.
Principles and Practice of Surgery, by - - - - - -	Gilman Kimball, M.D.
Chemistry and Materia Medica, by - - - - - - -	David Palmer, M.D.
Medical Jurisprudence, by - - - - - - - - -	Norman Williams, A.M.

Woodstock, January 17th, 1838. F7—eptM7

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by	Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - "	Dr. Ware.
On the Principles and Practice of Surgery, - - - - - - - "	Dr. Otis.
On Anatomy, - - - - - - - - - - - - "	Dr. Lewis.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, in Pearl street, on WEDNESDAY, the 7th day of February next, at 11 o'clock, A. M.

JOHN HOMANS, *Rec. Sec'y.*

Boston, Jan. 23. eptm

MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. PLINT.

Springfield, January, 1838. Jan. 17.

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and *in cases which will be treated at the room daily.*

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance. $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.